

MEDICAL INFORMATION

The State Department provides medical facilities for outpatient services at a limited number of posts. For more critical and life threatening injuries, it is important to understand the need for emergency medical evacuation coverage, as the cost of evacuation can be very high. Medical evacuation is needed in areas where proper medical treatment may not be available. In addition, many of the medical facilities abroad may not recognize any type of American health care plan. Therefore, it is important to understand the possible need for, or access to, funds for medical payment up front. Your insurance provider will process the claim and reimburse you.

The following companies currently offer medical coverage endorsed by the National Association of Foreign Student Affairs and are listed only as possible options. Other options are to extend your student medical insurance to include coverage overseas, or to be included under a parent or family member policy.

Seabury & Smith
International Student Department
1255 23rd Street, NW #300
Washington, DC 20037
(202)457-6822
(202)457-6877 (FAX)
1-800-331-3047
e-mail: gateway.dc@seabury.com

International SOS Assistance, Inc.
Scholastic Overseas Service
P.O. Box 11568
Philadelphia, PA 19116
1-800-767-1403
(215)244-0165 (FAX)
e-mail: scholastic@intsos.com

Hinchcliff International
11 Ascot Place
Ithaca, NY 14850
(607) 257-0100
(607) 257-3051 (FAX)
1-800-242-4178
e-mail: hinchintl@aol.com

As an intern, you have the choice of medical insurance you select. *Please note that there are particular coverage requirements that must be met which are listed on the attached form.* Please take the time to choose your coverage carefully and provide us with the required information on the attached form, including date and signature.

VERIFICATION OF MEDICAL COVERAGE

STUDENT NAME_____

PERMANENT ADDRESS_____

CITY_____STATE_____ZIP_____

COUNTRY_____PHONE_____

Post of assignment_____

From_____to_____

I have obtained medical insurance from the agency listed below, which meets or exceeds the following requirements:

- *Coverage for repatriation of remains equal to or greater than \$10,000.*
- *Medical evacuation coverage equal to or greater than \$50,000.*

SPONSOR or POLICY HOLDER NAME_____

POLICY #_____POLICY EXPIRATION DATE_____

INSURANCE CO. NAME_____

ADDRESS_____

PHONE_____FAX_____

The undersigned certifies that all information is true, and that failure to provide correct and complete information will result in the cancellation of the student's participation in the Intern Program.

STUDENT'S SIGNATURE_____

Date_____Phone_____

Detach this form and mail it to the following address:

**Intern Coordinator
U.S. Department of State
Recruitment Division
2401 E Street, NW, Room H518
Washington, DC 20037**